Fill in this information to identify the case:		
United States Bankruptcy Court for the:		
District of	Nevada	
Case number (if known):	Chapter <u>11</u>	☐ Check if this amended filir

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	GOLDBERG, KERSHEN & ALTMANN, LLC	
All other names debtor used in the last 8 years Include any assumed names, trade names, and doing busines as names	SS	
Debtor's federal Employer Identification Number (EIN)	<u>8 1 - 0 7 7 8 0 8 9</u>	
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	300 S 4th St Suite 600 Number Street Las Vegas, NV 89101-6017 City State ZIP Code	Number Street
	Clark County	City State ZIP Code Location of principal assets, if different from principal place of business Lake Las Vegas
		Number Street
		Las Vegas NV 89011
		City State ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	☑ Corporation (including Limited Liability Company (L	LC) and Limited Liability Partnership (LLP))
	☐ Partnership (excluding LLP)	
	Other. Specify:	

Debtor **GOLDBERG, KERSHEN & ALTMANN, LLC** Case number (if known) = A. Check one: 7. Describe debtor's business Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. §101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. §781(3)) ✓ None of the above B. Check all that apply: Tax-exempt entity (as described in 26 U.S.C. §501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes 8. Under which chapter of the Check one: **Bankruptcy Code is the** ☐ Chapter 7 debtor filing? ☐ Chapter 9 A debtor who is a "small business debtor" must check the first subbox. A Chapter 11. Check all that apply: debtor as defined in § 1182(1) who elects to proceed under subchapter V The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate of chapter 11 (whether or not the noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than debtor is a "small business debtor") \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of must check the second sub-box operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form. The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2. ☐ Chapter 12 **√** No 9. Were prior bankruptcy cases filed by or against the debtor within the MM / DD / YYYYY Case number ___ Yes. District ___ When___ last 8 years? If more than 2 cases, attach a When ____ Case number ____ separate list. MM / DD / YYYY **√** No 10. Are any bankruptcy cases pending

separate list.

or being filed by a business partner

List all cases. If more than 1, attach a

or an affiliate of the debtor?

Yes. Debtor __

District ___

Case number, if known ____

Relationship When

MM / DD / YYYY

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Debtor GOLDBERG, KERSHI	N & ALTMANN, LLC Case number (if known)								
Name									
11. Why is the case filed in <i>this</i> district?	 Check all that apply: ✓ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. 								
12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?	Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed. Why does the property need immediate attention? (Check all that apply.) It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other Where is the property? Number Street								
	City State ZIP Code Is the property insured? No Yes. Insurance agency Contact name Phone								
Statistical and administ 13. Debtor's estimation of available funds?	Check one: Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.								
14. Estimated number of creditors	✓ 1-49 □ 50-99 □ 1,000-5,000 □ 5,001-10,000 □ 25,001-50,000 □ 50,000-100,000 □ 100-199 □ 200-999 □ 10,001-25,000 □ More than 100,000								
15. Estimated assets	□ \$0-\$50,000 ☑ \$1,000,001-\$10 million □ \$500,000,001-\$1 billion □ \$50,001-\$100,000 □ \$10,000,001-\$50 million □ \$1,000,000,001-\$10 billion □ \$100,001-\$500,000 □ \$50,000,001-\$100 million □ \$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million □ More than \$50 billion								

or GOLDBERG, KERSHEN 8 Name	& ALTMANN, LLC		Case number (if known)
16. Estimated liabilities	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 m \$10,000,001-\$50 m \$50,000,001-\$100 \$100,000,001-\$50	million
Request for Relief, Declarat	ion, and Signatures		
Bankruptcy fraud is a imprisonment for up to	serious crime. Making a false st o 20 years, or both. 18 U.S.C. §§	atement in connection with a 152, 1341, 1519, and 357	a bankruptcy case can result in fines up to \$500,000 o
17. Declaration and signature of authorized representative of debtor	petition. I have been authorized	to file this petition on behale formation in this petition and erjury that the foregoing is tree. 24 YYYY LICHESKY	d have a reasonable belief that the information is true
	Title MEMI	BER-MANAGER	_
18. Signature of attorney	X /s/ Da	vid A. Riggi btor	Date 06/13/2024 MM/ DD/ YYYY
	David A. Riggi Printed name Riggi Law Firm Firm name 7900 W Sahara Ave	Suite 100	
	Number Street Las Vegas City		NV 89117 State ZIP Code
	Contact phone		riggilaw@gmail.com Email address
	Bar number		NV State

RESOLUTION AND DECLARATION OF GOLDBERG, KERSHEN & ALTMANN, LLC

The undersigned, the member/s of **GOLDBERG**, **KERSHEN & ALTMANN**, **LLC** (the "Company"), hereby approves and adopts the following resolutions effective no later than as of June 13, 2024:

RESOLVED that in the judgment of the Company, and upon the advice of insolvency counsel, it is desirable and in the best interests of the Company and its creditors and other interested parties that a voluntary petition for relief be filed under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"), and such filing is authorized hereby, and the Company shall initiate a bankruptcy case and proceedings.

RESOLVED that Andrew B. Belichesky (the "Authorized Person"), shall be authorized, empowered and directed, in the name and on behalf of the Company, to execute and verify a bankruptcy petition, schedules, statements, and any amendments thereto under chapter 11, subchapter V, of the Bankruptcy Code and to cause the same to be filed in the United States Bankruptcy Court for the District of Nevada at such time as such Authorized Person executing the same shall determine.

RESOLVED that the Authorized Percomphanty be designated as the responsible person in the chapter 11 bankruptcy case pursuant to Fed. R. Bankr. P. 9001(5) (the "Responsible Person"), and is authorized and directed to appear in all bankruptcy proceedings on behalf of the Company, and to otherwise do and perform all acts necessary on behalf of the Company in connection with such bankruptcy case, but consistent with the provisions of the Bankruptcy Code.

RESOLVED that the RIGGI LAW FIRM is engaged and shall continue its engagement as attorneys for the Company in the chapter 11 case of the Company, and its legal representation agreement is approved.

RESOLVED that the Responsible Person is, authorized, empowered and directed, in the name and on behalf of the Company, to execute and file all papers, and to take and perform any and all further acts and deeds which he or she deems necessary and proper to commence the chapter 11 case.

RESOLVED that any and all past actiomphase infore taken by the Responsible Person of the the name and on behalf of the Company in furtherance of any or all of the preceding resolutions with respect to the preparation and commencement of the chapter 11 case be, and the same hereby are, ratified, confirmed, and approved; and it further

DECLARED that being made aware that certain documents, specifically the most recent tax return and most recent financial statement, are to be filed with the bankruptcy petition - the Company, is intending to submit such documents of the type and in a manner consistent with the appropriate requirements.

IN WITNESS WHEREOF, the undersigned, on behalf of the Company and by execution hereof, hereby approves this Resolution as of the date first above written and all statements herein are, and should be considered, declared under penalty of perjury that such statements are true and correct to the best recollection of the undersigned.

Resolved, Declared and Approved by GOLDBERG, KERSHEN & ALTMANN, LLC

DATED: June 13, 2024

By: <u>Isl Andrew B. Belichesky</u> Andrew B. Belichesky as member-manager

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PROFIT AND LOSS January - December 2019

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	OCT 2019	NOV 2019	DEC 2019	TOTAL
Income													
Sales													\$0.00
Property Income	100,836.06	17,350.00	131,959.58	9,531.05		25,000.00	25,826.99	11,000.00		240.00			\$321,743.68
Total Sales	100,836.06	17,350.00	131,959.58	9,531.05		25,000.00	25,826.99	11,000.00		240.00			\$321,743.68
Total Income	\$100,836.06	\$17,350.00	\$131,959.58	\$9,531.05	\$0.00	\$25,000.00	\$25,826.99	\$11,000.00	\$0.00	\$240.00	\$0.00	\$0.00	\$321,743.68
Cost of Goods Sold													
Commission	1,000.00						350.00		872.69			120.00	\$2,342.69
Cost of Goods Sold	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								0.2.00				\$0.00
HOA Fees			90.00		5.00			282.00	110.00	110.00	110.00	110.00	\$817.00
Legal Fees	130.04	533.21	4,300.00	126.95	0.00			1,045.50	5,360.00	5,000.00	3,450.00	2,000.00	\$21.945.70
Property Cost	100.01	000121	1,000.00	336.12	155.10	155.10	271.43	155.10	289.52	946.11	185.10	155.10	\$2,648.68
Property Taxes	10,797.64		11,674.06	50.00	100.10	28.00	2,0	100.10	53.00	8,223.11	5,097.11	100.10	\$35,922.92
Real Estate Purchases	10,707.01		11,07 1.00	00.00		20.00		11,250.00	00.00	0,220.11	0,007.11		\$11,250.00
Repairs & Maintenance	98.86		1,306.00	923.58	852.00			11,200.00	227.87		-90.44	64.28	\$3,382.15
Subcontractors	5,775.00	4,912.81	1,409.00	2,083.43	5,860.00	7,330.00	905.00	5,912.00	6,815.00	7,185.00	2.000.00	04.20	\$50,187.24
Gas & Travel Cards	3,773.00	4,312.01	1,403.00	2,000.40	5,000.00	7,550.00	303.00	3,312.00	0,013.00	7,103.00	120.34		\$120.34
Subcontractor Appearance UpKeep								40.00			120.54		\$40.00
Total Subcontractors	5,775.00	4,912.81	1,409.00	2,083.43	5,860.00	7,330.00	905.00	5,952.00	6,815.00	7,185.00	2,120.34		\$50,347.58
				•	•	-	905.00	•	· ·		•		
Supplies & Materials - COGS	2,479.57	1,691.06	417.87	960.53	517.11	61.85		625.87	1,439.41	562.82	4,596.99	20.25	\$13,373.33
Total Property Cost	19,151.07	6,603.87	14,806.93	4,353.66	7,384.21	7,574.95	1,176.43	17,982.97	8,824.80	16,917.04	11,909.10	239.63	\$116,924.66
Total Cost of Goods Sold	19,281.11	7,137.08	19,196.93	4,480.61	7,389.21	7,574.95	1,176.43	19,310.47	14,294.80	22,027.04	15,469.10	2,349.63	\$139,687.36
Total Cost of Goods Sold	\$20,281.11	\$7,137.08	\$19,196.93	\$4,480.61	\$7,389.21	\$7,574.95	\$1,526.43	\$19,310.47	\$15,167.49	\$22,027.04	\$15,469.10	\$2,469.63	\$142,030.05
GROSS PROFIT	\$80,554.95	\$10,212.92	\$112,762.65	\$5,050.44	\$ -7,389.21	\$17,425.05	\$24,300.56	\$ -8,310.47	\$ -15,167.49	\$ -21,787.04	\$ -15,469.10	\$ -2,469.63	\$179,713.63
Expenses													
Advertising & Marketing	30.34		18.17	195.99	1,709.93			-1,259.00					\$695.43
Ask Client Expense	00.01	150.00		100.00	1,700.00			11,000.00	7,968.90	10.015.00	14,331.68	200.00	\$43,665.58
Auto Expense		100.00						11,000.00	10.00	42.41	124.68	9.72	\$186.81
Auto Repair & Maintenance	0.00			1,675.08	1.75				10.00	889.12	121.00	0.72	\$2,565.95
Fuel/Gas Expense	510.12	524.10	151.70	558.26	112.18	198.80	89.50	82.32	246.12	666.71	1,002.58	270.47	\$4,412.86
Total Auto Expense	510.12	524.10	151.70	2,233.34	113.93	198.80	89.50	82.32	256.12	1,598.24	1,127.26	280.19	\$7,165.62
•										•	1,127.20		
Bank Charges & Fees	98.00	30.00	163.35	336.00	166.00	30.00	367.00	20.01	1,388.95	40.00		27.00	\$2,666.31
Business Coaching			280.00	505.00				45.70			00.01		\$785.00
Client Gifts			234.37	440.00				15.70			38.81		\$288.88
Company Healthcare				116.00							37.00		\$153.00
Dues & subscriptions	64.05	64.42	64.42	28.77	17.37	2.16	1.08	1.08	1.08	1.08			\$245.51
Insurance	479.15	479.15	987.15	705.07	605.07	-1,571.48	1,300.60		549.25	628.17	681.54	681.54	\$5,525.21
Interest Paid	17.91					1,587.96	1,564.86	86.29	40.78	54.18	60.27	73.63	\$3,485.88
Job Supplies										-55.20	-976.51		\$ -1,031.71
Legal & Professional Services	100.00	150.00	150.00	1,643.75	-1,219.00	-280.35	-1,090.75	3,220.90	-381.93	-344.50	4,458.25	-3,882.00	\$2,524.37
Meals & Entertainment	999.04	1,726.62	839.02	1,797.48	837.08	61.92	325.58	503.81	2,614.62	2,015.36	2,478.15	1,396.86	\$15,595.54
Office Supplies	36.60	973.52	800.65	428.14	47.04	148.67	232.68	1,027.70	2,248.45	361.86	1,056.16	245.54	\$7,607.01
Other Business Expenses					649.50				900.00		1.08	1.08	\$1,551.66
Rent & Lease							1,219.47						\$1,219.47
Repairs & Maintenance	50.00								100.00	316.53	45.94		\$512.47
Shipping, Freight & Delivery	15.65		7.35	55.24		46.35	27.35	4.47	529.42	111.65	221.28	149.96	\$1,168.72
Software	165.62	168.52	351.72	156.37	155.11	79.00	271.00	263.59	348.29	1,672.07	1,697.73	878.83	\$6,207.85
Taxes & Licenses										50.00			\$50.00
Travel	338.24	1,176.80	300.26	588.97	1,045.49	251.95	251.95	580.23	479.12	546.30	305.51	242.84	\$6,107.66
Utilities	909.19	707.09	826.92	251.56	299.39	454.18	632.22	495.32	879.69	560.52	851.15	744.25	\$7,611.48
Total Expenses	\$3,813.91	\$6,150.22	\$5,175.08	\$9,041.68	\$4,426.91	\$1,009.16	\$5,192.54	\$16,042.42	\$17,922.74	\$17,571.26	\$26,415.30	\$1,039.72	\$113,800.94
NET OPERATING INCOME	\$76,741.04	\$4,062.70	\$107,587.57	\$ -3,991.24	\$ -11,816.12	\$16,415.89	\$19,108.02	\$ -24,352.89	\$ -33,090.23	\$ -39,358.30	\$ -41,884.40	\$ -3,509.35	\$65,912.69
Other Income													
Interest Earned								0.04	0.08	0.07	0.07	0.05	\$0.31
Total Other Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.04	\$0.08	\$0.07	\$0.07	\$0.05	\$0.31
		40.00			40.00		40.00	#0.04	40.00	40.07	40.07	40.00	\$0.31
NET OTHER INCOME NET INCOME	\$0.00 \$76,741.04	\$0.00 \$4,062.70	\$0.00	\$0.00	\$0.00 \$-11,816.12	\$0.00	\$0.00	\$0.04	\$0.08 \$-33,090.15	\$0.07 \$ -39,358.23	\$0.07 \$ -41,884.33	\$0.05 \$ -3,509.30	\$65,913.00

Form 104		rtment of the Treasu 5. Individual			1.40	2019 OME	3 No. 154	5-0074 IRS Us	se Only —	Do not wr	ite or stap	le in this :	space.
Filing Status Check only one box.	If you che	ш		ш	_	eparately (MFS) e HOH or QW box, ent	ш	d of household (HOH	·		ing widow	(er) (QW)	
Your first name an	ıd middle i	nitial			Last nar	me			Your so	ocial secu	rity numb	er	
ANDREW B.	BEL	ICHESKY											
If joint return, spou	use's first i	name and middle ini	tial		Last nar	me			Spouse	e's social :	security n	umber	
Home address (nu	mber and	street). If you have a	a P.O. box, see ii	nstructions.				Apt. no.	Check h	ential Elect ere if you, vant \$3 to	or your s	pouse if fil	ling
City, town or post	office, stat	e, and ZIP code. If y	ou have a foreig	n address, a	lso complete s	paces below (see instr	ructions).			g a box be		ot change	your oouse
Foreign country na	me		Foreig	n province/s	tate/county		Foreign	n postal code		ore than for			▶ □
Standard Deduction		one can claim: Spouse itemizes on a	You as a deparate return		Ш	spouse as a dependen alien	t		•				
Age/Blindness	You:	Were born b	pefore January 2,	1955	Are blind	Spouse:	Was	born before January	2, 1955		ls blind		
Dependents (s (1) First name	see inst	ructions): Last name		(2) Social	al security ber	(3) Relationship to	you	(4) v Child tax cred	✓ if qualified it	,		ns): r depende	ents
								<u> </u>					
	1	Wages, salar	ies, tips, etc	. Attach F	orm(s) W-2	2				1		123,	869.
	2a	Tax-exempt inter			(-,			. Att. Sch. B if rego					175.
	3 a	Qualified divider	nde	3a		b 0	rdinary di	iv. Att. Sch. B if re	hn	. 3b			
	4a	IRA distributi						amount		4b			
	c							amount		4d			
	5a	Social security b		- 1				amount		. 5b			
Standard	6	Capital gain or (loss). Attach Scl	hedule D if r	required. If no	t required, check here	<u>.</u>		▶□	6			
Deduction for — ■ Single or	7a	Other income	e from Sched	dule 1, lin	e 9					7a		-12,	011.
Married filing separately, \$12,2	₂₀₀ b	Add lines 1,	2b, 3b, 4b, 4	d, 5b, 6,	and 7a. Th	is is your total in	come		►	7b		112,	033.
 Married filing jointly or Qualifyi 	8a								8a				
widow(er), \$24,4		Subtract line	8a from line	7b. This	is your adj	usted gross inco	ome		►	8b		112,	033.
 Head of household, \$18,3 	850 9	- Standard deduc	tion or itemize	d deduction	ns (from Sched	dule A)	. 9	24	,400.				
If you checked box under Stand		- Qualified busine:	ss income deduc	ction. Attach	Form 8995 or	Form 8995-A	10						
Deduction, see instructions.		a Add lines 9 a	and 10							11a		24,	400.
						Rh If zero or less				11h		87.	633.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

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Form 1040 (2019)	ANDREW B.	BELICHES	SKY				Page 2	
	12a Tax (see inst.) Check	if any from Form(s):	1 8814					
	2 4972 3			12a	10,995.			
	b Add Schedule 2, line 3	, and line 12a and ente	er the total			12b	10,995.	
	13a Child tax credit or cred	dit for other dependents	5	13a	4,000.			
	b Add Schedule 3, line 7			-		13b	4,000.	
	14 Subtract line 13b from	line 12b. If zero or les	s, enter -0			14	6,995.	
	15 Other taxes, including	self-employment tax, f	rom Schedule 2	, line 10		15		
	16 Add lines 14 and 15.	his is your total tax				16	6,995.	
	17 Federal income tax wi	thheld from Forms W-2	and 1099			17	17,943.	
If you have a	18 Other payments and re	efundable credits:						
qualifying child,	a Earned income credit	(EIC)		18a				
attach Sch. EIC. If you have	b Additional child tax cr	edit. Attach Schedule 8	812	18b				
nontaxable combat	c American opportunity	credit from Form 8863,	line 8	18c				
pay, see instructions.	d Schedule 3, line 14			18d				
	e Add lines 18a through					10		
		i				18e		
	19 Add lines 17 and 18e.	These are your total pa	ayments			19	17,943.	
Refund	20 If line 19 is more than line 1	,				20	10,948.	
	21 a Amount of line 20 you		_			21a	10,948.	
Direct deposit? See instructions.	9	▶ b Routing number						
See mstructions.	d Account number22 Amount of line 20 you want a	•	od tov	 22				
A a		ine 19 from line 16. For detai				23		
Amount You Owe		(see instructions)		1 . 1		23		
	Do you want to allow another perso	,			oo instructions		s. Complete below.	
Third Party Designee	Do you want to allow allother perso	T (other than your paid prepa	rei) to discuss tills i	eturn with the ins : 5	ce monucions.	X No	·	
(Other than	Designee's		Pho	ne .	F		dentification ►	
paid preparer)	name		no.		r	number (P	IN)	
Sign	Under penalties of perjury, I declare t are true, correct, and complete. Declare	nat I have examined this return ration of preparer (other than t	and accompanying s taxpayer) is based on	chedules and statemen all information of which	ts, and to the best preparer has any	of my knowledg	owledge and belief, they je.	
Here	Your signature	, , ,	Date	Your occupation			sent you an Identity Protection ter it	
Joint return? See instructions.	.			INVESTOR		here (se	ee inst.)	
Keep a copy for	Spouse's signature. If a joint return	n, both must sign.	Date	Spouse's occupation	= 00	If the IRS Protection	sent your spouse an Identity PIN, enter	
your records.				ADMINISTRA	TOR	it here	(see inst.)	
	Phone no.	1-	Email address	Ts .	1		To	
	Preparer's name	Preparer's signature		Date	PTIN		Check if:	
Paid							3rd Party Designee	
Preparer Use Only	Firm's name			Phone no. (Self-employed	
	Firm's address				Fir	m's EIN 🏲		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

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Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

• Attach to Form 1040 or 1040-SR.

2019

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR Your social security number ANDREW B. AND BELICHESKY At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual X No currency?..... Part I **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes...... Alimony received 2a 2a b Date of original divorce or separation agreement (see instructions) Business income or (loss). Attach Schedule C..... 3 3 -12,011. 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E...... 5 6 Farm income or (loss). Attach Schedule F..... 6 7 Unemployment compensation . . . 7 8 Other income. List type and amount 8 9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a...... 9 -12,011 Part II Adjustments to Income 10 10 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106..... 11 12 Health savings account deduction. Attach Form 8889. 12 Moving expenses for members of the Armed Forces. Attach Form 3903..... 13 13 Deductible part of self-employment tax, Attach Schedule SE 14 14 15 Self-employed SEP, SIMPLE, and qualified plans..... 15 16 Self-employed health insurance deduction..... 16 17 Penalty on early withdrawal of savings..... 17 Alimony paid..... 18a 18a Recipient's SSN.... b С Date of original divorce or separation agreement (see instructions)

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

IRA deduction.....

Student loan interest deduction.

Tuition and fees. Attach Form 8917.....

Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a.....

Schedule 1 (Form 1040 or 1040-SR) 2019

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SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

(99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. **09**

Name	of proprietor	Social se	al security number (SSN)									
ANI	DREW B. BELICHESKY											
Α	Principal business or profession, including p	oroduct o	or service (see instructions)			1-	Inter code from instructions					
	REAL ESTATE						531390					
С	Business name. If no separate business na	me, leav	e blank.			D Emp	Employer ID number (EIN) (see instr.)					
	Goldberg, Kershen &	81-0	<u>7780</u>	89								
Е	E Business address (including suite or room no.) ▶											
	City, town or post office, state, and ZIP cod											
F	j	Cash			Other (specify) ►							
G	Did you "materially participate" i	n the	operation of this busine	ess	during 2019? If "No," see instructions	for limi	t on lo	sses. X Yes No				
Н	If you started or acquired this bu	siness	during 2019, check he	ere								
I	Did you make any payments in 2	2019 th	nat would require you to	to fi	le Form(s) 1099? (see instructions)			Yes X No				
J	If "Yes," did you or will you file r	equire	d Forms 1099?					Yes No				
Par	t I Income											
1	Gross receipts or sales. See inst	tructio	ns for line 1 and check	< the	e box if this income was reported to y	ou						
					s checked		1	321,744.				
2	Returns and allowances						2					
3	Subtract line 2 from line 1						3	321,744.				
4							4	80,147.				
5	•						5	241,597.				
6	Other income, including federal						6					
7	,							241,597.				
Par								241,391.				
8	Advertising	-	695.		8 Office expense (see instructions).		18					
9	Car and truck expenses		0,55.	_	9 Pension and profit-sharing plans.		19					
	(see instructions)		14,720.		Rent or lease (see instructions):			_				
10	Commissions and fees	10	2,343.	_	a Vehicles, machinery, and equipme	ent	20a					
11	Contract labor (see instructions)	11	57,237.		b Other business property		20b	1,219.				
12	·	12	37,237.		Repairs and maintenance		21	3,894.				
13	Depreciation and section			∣ 2	2 Supplies (not included in Part III).		22	7,760.				
	179 expense deduction (not included in Part III)			2	Taxes and licenses		23	50.				
	(see instructions)	13		2	4 Travel and meals:							
14	Employee benefit programs	14			a Travel		24a	6,108.				
15	(other than on line 19)	14	Г ГОГ	-	b Deductible meals (see instructions)		24b	7 700				
15 16	Insurance (other than health)	15	5,525.	_	15 Utilities		25	7,798. 7,611.				
	Interest (see instr.): Mortgage (paid to banks, etc.)	16 a		- 1	6 Wages (less employment credits)		26	/,011.				
	Other	16b	3,486.	_	77a Other expenses (from line 48)		27a	12,180.				
	Legal and professional services	-	24,470.		b Reserved for future use		27b	12,100.				
	<u> </u>			Add	lines 8 through 27a		28	155,096.				
29	Tentative profit or (loss). Subtract	ct line	28 from line 7		-		29	86,501.				
30	Expenses for business use of yo	ur hor	ne. Do not report these	e ex	xpenses elsewhere. Attach Form 8829)						
	unless using the simplified meth	•	•	of.	(a) your home:							
	and (b) the part of your home us	fied										
	Method Worksheet in the instruc	tions t	o figure the amount to	en	. Use the Simpli		30					
31	Net profit or (loss). Subtract line	30 fro	om line 29.									
	1040-NR, line 13) and on Sched	• If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.										
	• If a loss, you must go to line 3		,					86,501.				
32	If you have a loss, check the box	k that	describes your investm	nent	t in this activity (see instructions).	_						
	1040-NR, line 13) and on Sched	ule SE	, line 2. (If you checke	ed t	1040 or 1040-SR), line 3 (or Form he box on line 1, see the line 31		32 a	All investment is at risk.				
	Instructions). Estates and trusts,If you checked 32b, you must		32b	Some investment is not at risk.								

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		608-36-	<u>3∠⊥U</u>	Page Z
	rt III Cost of Goods Sold (see instructions)	t	>	
	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attack	•	n)	
	Was there any change in determining quantities, costs, or valuations between opening and closing inventory of "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36	23	,914.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38	56	,233.
39	Other costs.	39		
40	Add lines 35 through 39.	40	80	,147.
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	80	,147.
Pa	Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file	s on line 9 a Form 4562	and are no	ot
	When did you place your vehicle in service for business purposes? (month, day, year) ► 1/01/17			
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your ve	hicle for:		
	a Business b Commuting (see instructions) c Other		2,82	20
45	Was your vehicle available for personal use during off-duty hours?		XYes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	XNo
47	a Do you have evidence to support your deduction?		XYes	No
	b If "Yes," is the evidence written?		XYes	No
	rt V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
Baı	nk Charges	+	2	,666.
BU	SINESS GIFTS			289.
COI	NTINUING EDUCATION			785.
De:	livery and Freight		1	,169.
Du	es and Subscriptions		1	,063.
SO	FTWARE		6	,208.
/1Ω	Total other expenses. Enter here and on line 27a	48	12	180